

**DEPARTMENT OF HEALTH  
HEALTH REGULATION & LICENSING  
ADMINISTRATION**

**PROCEDURES TO OBTAIN A LICENSE TO OPERATE A  
HOME CARE AGENCY AND  
TO APPLY FOR  
MEDICAID CERTIFICATION AS AN  
HOME HEALTH AGENCY**

**July 2009**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**

**Health Regulation  
& Licensing Administration**



Dear Applicant:

Thank you for your interest in joining a provider community dedicated to offering quality services to residents within the District of Columbia. You have embarked on a journey in which your fulfillment rests in knowing your assistance will ensure someone's continued level of independence in their natural residential setting. It is our sincerest hope that your desire to assist these individuals will be a positive and rewarding experience. This brochure provides a step-by-step guide for opening a Home Care Agency. The process requires a coordinated effort between the prospective provider and this office. We look forward to a long and lasting working relationship and if you require any further assistance with this process please contact our office on (202) 442-5888.

Sincerely,

***Sharon H. Mebane***

Sharon H. Mebane  
Program Manager  
Intermediate Care Facilities Division

**An Applicant Must Complete Steps 1 Through 12 To Obtain A License To Operate A  
Home Care Agency  
(Title 22, DC Municipal Regulations, Chapter 39)**

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**Step 1:** Make application for a Certificate of Occupancy (C of O) at the location listed below:

**Department of Consumer and Regulatory Affairs  
Building and Land Regulation Administration  
941 North Capitol Street, NE  
2<sup>nd</sup> Floor**

*Note: The C of O must be issued in the name of the perspective operator.*

**Step 2:** Obtain an application form for a Home Care Agency by calling or visiting the location listed below:

**Department of Health  
Health Regulation & Licensing Administration  
825 North Capitol Street, NE  
2<sup>nd</sup> Floor  
(202) 442-5888**

You may also visit our website at [www.doh.dc.gov](http://www.doh.dc.gov)

**Step 3:** A Certificate of Need (C of N) must be obtained for the initial licensure process. The certification grants approval for the Home Care Agency to provide skilled professional services. If your agency does plan to offer skilled professional services, an exemption letter must be obtained. Apply for the Certificate of Need or necessary exemption from the office identified below:

**Department of Health  
State Health Planning and Development Agency (SHPDA)  
825 North Capitol Street, NE  
2<sup>nd</sup> Floor  
(202) 442-5875**

**Step 4:** Submit a completed licensure application package to the mailing address listed in Step 2.

**The required items include:**

- Copy of C of O
- Completed notarized application

- License Fee (*check or money order made payable to DC Treasurer*)
- Clean Hand Act Certification form
- Insurance Verification Form (*Applicants are encouraged to have insurance agencies forward the form directly to the licensure agency – mailing address listed in Step 2 above or by fax at (202) 442-9430*)
- An original Certificate of Good Standing, if applicable (*The Certificate can be obtained from the DCRA, Office of Corporations, mailing address listed in Step 1*)
- Certificate of Need or exemption letter

### **Initial licensure inspection**

- Step 5:** The applicant will be notified of the date and time of the initial licensure inspection by the Intermediate Care Facilities Division.
- Step 6:** If deficiencies are identified during the initial licensure inspection, a Statement of Deficiencies and Plan of Correction Report will be prepared and forwarded to the applicant within 10 days of the survey's completion.
- Step 7:** The applicant is required to submit a documented Plan of Correction, within 10 days of the date the Statement of Deficiencies was received, that details how the deficiencies were corrected. The applicant has 30 days from the date of inspection to correct the deficiencies.
- Step 8:** Surveyors may conduct a follow-up visit upon receipt of a Plan of Correction to verify compliance with all laws and regulations, if required.
- Step 9:** If an applicant fails to submit a Plan of Correction or fails to correct the deficiencies within 30 days of receipt of the deficiencies, the application will be denied. If an application is denied, an applicant must reapply.
- Step 10:** If the application is approved, the Intermediate Care Facilities Division shall issue an initial 90-day provisional license. Permission is given at this time to initiate services.
- Step 11:** Surveyors will conduct an unannounced onsite visit prior to the expiration of the provisional license to verify continued compliance.
- Step 12:** If the facility is in full or substantial compliance with the requirements, a regular license for one (1) year will be issued.

***An applicant desiring to participate in the Medicaid Program as a Home Health Agency must also complete steps 13 through 19***

**Step 13:** An applicant desiring to participate in the Medicaid program as a Home Health Agency should contact the following office to begin the Medicaid budget application process. This step can be initiated concurrently with the licensure process referenced above.

**Department of Health Care Finance  
Office of Audit and Finance  
825 North Capitol Street, NE, 5<sup>th</sup> Floor  
(202) 442-9079**

**Step 14:** The group home provider must submit a letter of request, to the agency referenced below to obtain an initial certification survey.

**Department of Health  
Health Regulation & Licensing Administration  
717 14<sup>th</sup> Street, NW  
7<sup>th</sup> Floor  
(202) 724-8800**

#### **Initial Certification Survey**

**Step 15:** Subsequent to the initiation of services, the provider will be contacted as to the date and time of the initial certification survey.

**Step 16:** If deficiencies are identified during the initial certification survey, a Statement of Deficiencies and Plan of Correction Report will be prepared and forwarded to the applicant.

**Step 17:** The provider submits its documented Plan of Correction, within 10 days or sooner of the date of receipt, with completion dates that details how the deficiencies were corrected.

**Step 18:** Surveyors may conduct a follow-up visit upon receipt of a Plan of Correction to verify compliance, if required.

**Step 19:** The Health Care Facilities Division (HCFD) shall notify the provider that it has met the requirements for initial Medicaid Certification and will forward its recommendation to the Department of Health Care Finance. The HCFD will also issue a regular one (1) year license.